

Docket No. 210227US0X
IN RE APPLICATION OF: RYUJI UENO
SERIAL NO: 09/869,129
FILED: June 25, 2001
FOR: AGENT FOR TREATING VISUAL CELL FUNCTION DISORDER

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

1654
RECEIVED

JUN 13 2003

TECH CENTER 1600/2900

SIR:
Transmitted herewith is an Amendment and Request for Reconsideration w/Substitute Abstract in the above-identified application.

- ☒ No additional fee is required
☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 is claimed.
☒ Additional documents filed herewith: Substitute Specification (17 pgs., 10 Claims)

The Fee has been calculated as shown below:

CLAIMS	CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY PAID	NO. EXTRA CLAIMS	RATE	CALCULATIONS
TOTAL	18	MINUS	20	0	x \$18 =	\$0.00
INDEPENDENT	2	MINUS	3	0	x \$84 =	\$0.00
		<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS			+ \$280 =	\$0.00
		TOTAL OF ABOVE CALCULATIONS				\$0.00
		<input type="checkbox"/> Reduction by 50% for filing by Small Entity				\$0.00
		<input type="checkbox"/> Recordation of Assignment			+ \$40 =	\$0.00
		TOTAL				\$0.00

- ☐ A check in the amount of \$0.00 is attached.
- ☒ Please charge any additional Fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.
- ☒ If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.


Norman F. Oblon

Registration No. 24,618

Vincent K. Shier, Ph.D.

Registration No. 50,552



22850

Customer Number 22850
Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)